Committee Name:	
United Mine Workers of America Power PAC	
If registered, FEC ID:	and the state of t
Today's Date:	
September 22, 2010	

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name: (Daniel J. Kane

, Treasurer

RECEIVED FEC MAIL CENTER

FEC FORM 1
1. NAME OF COMMITTEE
UNITED
ADDRESS (numbe
(Check is changed)

m

d

100304

STATEMENT OF

ORGANIZATION Office Use Only Example: If typing, type (Check if name 12FE4M5 (in full) is changed) over the lines. MINE WORKERS OF AMERICA POWER QUANTICO GATEWAY DRIVE #200 er and street) if address red) ITRIANGLE |**2||2||7|2|-|1|7|7|9**| CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) IMD, E, LB, A, LZO, O, U, MW, A, . , O, R, G, , , , , , , , , , , , , (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) IU, MW, A, ,, O, R,G (Check if address is changed) 09 22 DATE 3. FEC IDENTIFICATION NUMBER IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete infermation may subject the person signing this Statement to the penalties of 2 U.S.C. 437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only	For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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1	FEC Fo	m 1 (Revised 02/2009)	Page 2
		OMMITTEE Committee	
Can	پيدائشي	Committee:	
(a)	cc	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
Name Cano	e of lidate		
	lidate / Affiliati	Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	•
Name Cand	e of lidate		
Par	ty Con	mittee:	
(d)	i.		Democratic, Republican, etc.) Pa
Poli	tical A	ction Committee (PAC):	
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization
	••	Corporation Corporation w/o Capital Stock	Labor Organizatio
		Membership Organization Trarle Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or pa
In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(9)	Part part	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		kasa liawa sikuma kawa darii.
	2.		hammarikameneriikameneriikameneriikameneriikameneriikameneriikameneriikameneriikameneriikameneriikameneriikame Kanadusuda paaneeriikameneriikameneriikameneriikameneriikameneriikameneriikameneriikameneriikameneriikameneri
	3.		lan addan na Tamandon anadan add prantigana - gasta agan angga sag
			mattamterative direct
	4.	FEC ID number C	<u> </u>

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Write or Type Committee Na	•	
United M	ine Workers of America Powe	~ PAC
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
UNITED MIL	NE MORKERS OF AMERICA COF	HU MINERS PO
CHITHCAL A	CTION COMMITTEE !!!!!!	
Mailing Address	[18354] QUANTICO GATEWAY	DR1 VE #2001
	JIRVI ANGICIE I I I I I I I I I I I I I I I I I I	1221721-17791
	CITY STATE	ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Represen	tative Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	person in possession of committee
Full Name	NIEL J. KANE	
Mailing Address	11.8.3.5.4. QUAMTILCO 61ATEWAY	DRIVE # 2001
		<u> </u>
	TRIANGLE VA	1221121-11719
Title or Position	CITY STATE	ZIP CODE
IJNT!L SE	CIYI-ITILIE ASIIII Telephone number	2031-12911-124011
8. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committe g., assistant treasurer).	e; and the name and address of
Full Name of Treasurer	MIEL J., KANE	
Mailing Address	1/18/3/5/4/1 QUANTILICIO 16 ATE WAY	DRIVE, #12001
	TRIA NGLE VA	212117121-117179
Title or Position	CY-TREAS	7.031-12.9.11-12.4.0.11

FEC Form 1 (Revised 02/2009))		Page 3
Write or Type Committee Name			0.0
United Mine	e Workers of Ame	sica Power	- PAC
	ation, Affiliated Committee, Joint Fund		
IUNITED MINE IN	10 RKERS 10 F AME	RICA	
	<u> </u>		
Mailing Address	1315141 QUANT/100	GATEWAY	DRIVE 42001
MIR	1/A/M6/L/E	III VA	22172-1779
	СПҮ	STATE	ZIP CODE
Relationship: Connected Organ	nization Affiliated Committee	nt Fundraising Representa	tive ELeadership PAC Sponsor
 Custodian of Records: Identify by books and records. 	name, address (phone number option	nal) and position of the pe	
Full Name			
Mailing Address			<u> </u>
لــا			
	1111111111		
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
Treasurer: List the name and added any designated agent (e.g., assistated)	ress (phone number optional) of the transfer treasurer).	reasurer of the committee;	and the name and address of
Full Name of Treasurer	└ <u> </u>		
Mailing Address			
لــا	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
L			710 0005
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	

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Full Name of Designated Agent	1, L, E, ROBERTS,		
Mailing Address	11.8,3,5,4, QUANITICO GA	ATEWAY I	DIRIVE #2001
	TIRII AI M GILIEI CITY	STATE	고고, 1, 1, 리 - [1, 7, 7, 9] ZIP CODE
Title or Position	S_/_D_E_MT	none number 210	03-2911-2420
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.			
C. 1, T.	1, B, A, K, , , , , , , , , , , , , , , , ,		
Mailing Address	[1,0,0,0, VERMONT, AVE	MW,	
	WASHINGTON	ப நிழ	20,0,05 - 4,9,03
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			<u> </u>
		ليا ليـ	
	CITY	STATE	ZIP CODE

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how if was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Shipping Date MS Overnight Delivery Service (Specify): 9/21/10 Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED